United States District Court for the Western District of Michigan JUROR VOIR DIRE QUESTIONNAIRE

NAME: (Please Print)					Juror No.:(Locate on Summons)		
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Occi	upation:	of communities ha	ve you lived? (Circ	le one or more)		Age:	
τ.							
	a. rural	b. small town	c. urban		d. suburban		
2.	Do you: (circle one) a. own (buying) your home b. rent c. live with home					with homeowners	
3 .	Marital Status: (circle one) 8	ı. single b. r	married	c. divorced	d. widowed	
4.	Indicate highest grade of schooling obtained and any education or training beyond high school:						
⁻ 5.	Indicate employer's name and your job responsibilities, including whether you supervise other people:						
⁻ 6.	Indicate previous major occupations, including number of years at each job:						
- 7 .	Indicate spouse's educational background and occupation:						
8.	Indicate parents/guardian`s principal occupations:						
⁻ 9.	Indicate children's age. sex. occupation and educational background:						
⁻ 10.	Have you studie	ed law, medicine, e	engineering or psyc	chology? If so	, describe exte	nt of stud <u>y:</u>	
- 11	Are you, or your spouse, members of any trade union, professional organization or work related organizations? If so explain and indicate any offices held:						
⁻ 12.	Indicate commu	unity, social or oth	ner organizations v	which you or	your spouse	belong, including any of	ffices held
13.	Have you or your spouse served in the military? (Circle One) YES / NO If yes, give the branch, rank and lengt of service:						
14.	What newspapers. magazines and kinds of books do you read?						
⁻ 15.	How do you spend your available leisure time?						
⁻ 16.	Have you ever served as a juror before? (Circle One) YES / NO If yes, list dates, type of court, type of case (civil/criminal) and the verdict rendered:						
⁻ 17.	Have you, a family member, or a close friend ever been a party to any type of lawsuit? If so, explain:						
⁻ 18.	Do you have an	y difficulties (Circle	one or more if needed)	·			
	a. hearing	b. seeing	C. 1	understandin	g English		
19.		y medical condition EET OF PAPER.	ns which would pr	event you fro	m sitting throu	gh a trial? IF SO EXPL	AIN ON A
		DO NOT	WRITE ON TH	E BACK C	F THIS FOI	<u>RM</u>	
here	by swear or affirm	that the answers	given above are tru	ie and accura	ate to the best	of my knowledge.	
Signa	Signature:				Date:		

(Form Revised 6/8/02)